



STATE OF WASHINGTON
DEPARTMENT OF FINANCIAL INSTITUTIONS
SECURITIES DIVISION

P.O. Box 9033 • Olympia, Washington 98507-9033
Telephone (360) 902-8700 • TDD (360) 664-8126 • FAX (360) 664-2258 • <http://www.dfi.wa.gov>

ESCROW OFFICER LICENSING EXAMINATION SCHEDULE

<u>EXAM DATE</u>	<u>DAY</u>	<u>TIME</u>	<u>REGISTRATION DEADLINE:</u>
November 16, 2004	Tuesday	9:00 am – Noon	November 2, 2004
November 16, 2004	Tuesday	1:30 pm – 4:30 pm	November 2, 2004
December 17, 2004	Friday	9:00 am – Noon	December 3, 2004
January 25, 2005	Tuesday	9:00 am – Noon	January 11, 2005
February 24, 2005	Thursday	9:00 am – Noon	February 10, 2005

Please use one page per person to register for the examination:

- 1) Circle the desired date above and complete the information below.**
Retesting must wait for next available testing appointment, no same-day retests offered.
- 2) Enclose a check for \$159.26 payable to the "Washington State Treasurer."**
Note: examination fee is non-refundable, per WAC 208-680B-030(1).
- 3) Mail check and this form to the Securities Division as per letterhead above.**
We must receive your check and registration on or before the registration deadline date.
- 4) Approximately four days before the exam, you will receive a confirmation (by fax or e-mail if possible) from the Division of Consumer Services that will include instructions and driving directions to the testing site in Tumwater.** Note: if requesting e-mailed confirmation, turn off "spam-blocker" tool.
- 5) Seating is limited. Confirmation will be made on a first come, first served basis.**
- 6) DFI does not provide study material. See Letter from Commissioners for suggested reading.**
- 7) Additional information is available from our website or e-mail questions to smoriarty@dfi.wa.gov.**

Candidate Name: _____
First Middle Initial Last

Date of Birth: _____ Home phone: _____
must be 18 years or older

Residence Address: _____
Street City State Zip

Photo ID: _____ e-mail address: _____
Issuer Number

Business phone: _____ Fax number: _____

☐ I would like to schedule an appointment for a pre-filing conference to discuss my application.

If special assistance or accommodations are required due to disability, please indicate need:
